



Date: 7/12/16 Time: 1237 Arrest#: 1424 Incident #: _____
 Reporting Officer: A. R. De. 10 ID# 278
 Suspects Name: Kedig Too 101419 DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

rebel three to use Taser # X00-74466

Was Use of Force Effective? If NO, please explain: because [REDACTED] became assaultive after punching this officer
☒ Yes ☒ No

Was the subject injured? If YES, please describe the injuries:
☐ Yes ☒ No

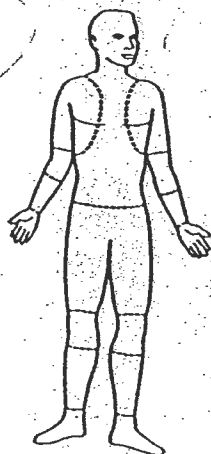
Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

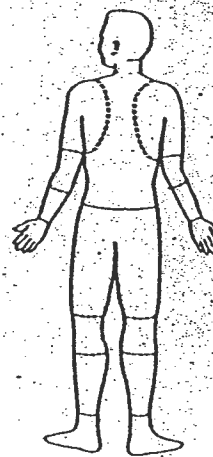
Was X26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☒ No



Front



Back

Supervisor Reviewing Use Comments:

I believe the use of force involving Taser effective

*Holyoke PD
Use of Force
Report
2016-2012*

Supervisors Name (print): Barrogo Walber

ID#: 313

Signature of Reviewing Supervisor: _____

☐ Approved ☐ Disapproved THE CITY OF HOLYOKE
 POLICE DEPARTMENT

(Print): CAPTAIN MANUEL FEBO

Signature of Bureau Commander: _____

* This form is to be submitted to the Chief's Office immediately upon completion

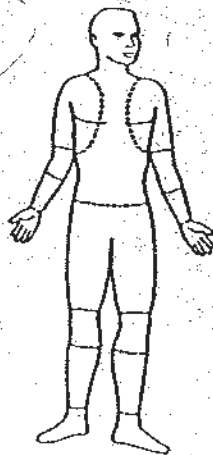
Date: 06/23/16 Time: 1403 Arrest#: 1289 Incident #: _____
 Reporting Officer: P. OYER ID# 201
 Suspects Name: William Guzman DOB: _____ SSN # _____

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

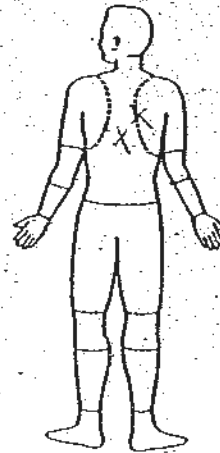
* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____
☒ Yes ☐ No
 Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No
 Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☒ AMR
 What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC
 Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____
 Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser
☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No

Taser # X00-721734



Front



Back

Supervisor Reviewing Use Comments: _____

Supervisors Name (print): Borrego Walker ID#: 313
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: _____
☒ Approved ☐ Disapproved

(Print): THE CITY OF HOLYOKE ID#: _____
 (Last) (First) (Middle)
 Signature of Bureau Commander: CAPTAIN MANUEL FEBO 2
 * This form is to be submitted to the Chief's Office immediately upon completion



Date: 6/4/16 Time: 0041 Arrest#: 16-1156-A2 Incident #: _____
 Reporting Officer: JORGE MONSALVE ID# 296
 Suspects Name: LUIS N. RIVERA DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input checked="" type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: CONTINUED TO RESIST & REFUSED TO COMPLY
☐ Yes ☒ No

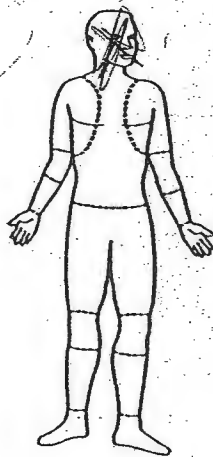
Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☐ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

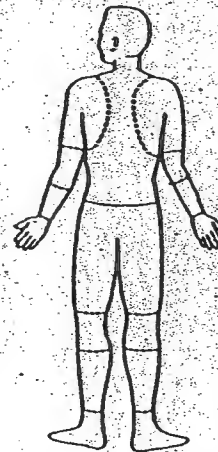
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☒ O.C. Duration: _____ # of Bursts: 1 Was subject allowed to decon? ☒ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments: _____

Supervisors Name (print): Stuart (Last) Richard (First) R (Middle) ID#: 296

Signature of Reviewing Supervisor: [Signature]

☐ Approved ☐ Disapproved THE CITY OF HOLYOKE
 POLICE DEPARTMENT

(Print): CAPTAIN MANUEL FEBO (Last) (First) (Middle) ID#: _____

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 08/04/16 Time: 0041 Arrest#: 16-156-AR Incident #: _____
 Reporting Officer: _____ ID# 313
 Suspects Name: Rivera, Luis DOB: 03/16/96 SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: small spread on probes under the
☐ Yes ☒ No influence

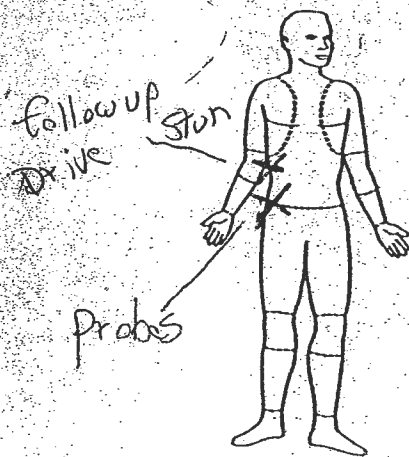
Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☐ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

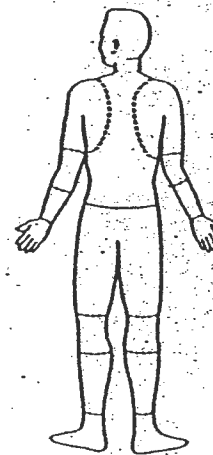
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Subject was clearly assaultive, use of the Taser was proper and within
Policy

Supervisors Name (print): Stevens Richard ID#: 286
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☐ Approved ☐ Disapproved

(Print): _____ ID#: _____
 (Last) (First) (Middle)

Signature of Bureau Commander: 4

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 6/3/16 Time: _____ Arrest#: 1155 Incident #: _____
 Reporting Officer: SEAN WILLIAMSON ID# 350
 Suspects Name: JOSEPH DOWLAND DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

X26 - 5 SECOND DRIVE STUN TO LOWER BACK.

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

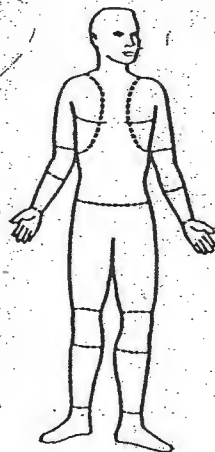
Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

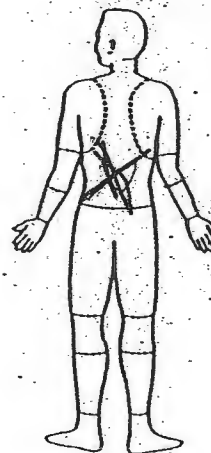
Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



Front.



Back

Supervisor Reviewing Use Comments:

SUSPECT IS MUSCULAR-STRONG-BIG. His behavior + strength + resistance
overtook the officers. As a result force continuously had to be
elevated. I CONCUR WITH FORCE USED TO SUBDUCE SUBJECT

Supervisors Name (print): CRUZ ICAIAS ID#: 262

Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved THE CITY OF HOLYOKE
 POLICE DEPARTMENT

(Print): CAPTAIN MANUEL FEBO

Signature of Bureau Commander: _____

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 5/9/16 Time: 2110 Arrest#: 16-973-AR Incident #: _____

Reporting Officer: SGT DAVID S USHER ID# 218

Suspects Name: MARY NIEVES DOB: [REDACTED] SSN: [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

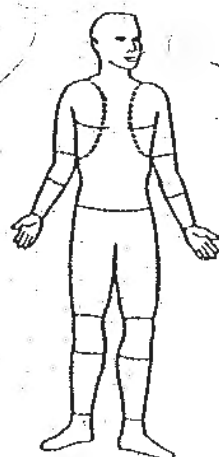
Was Use of Force Effective? If NO, please explain: _____
☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

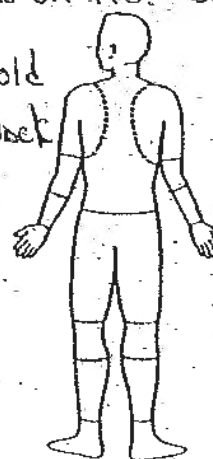
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser
☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front

Suspect committed A/B on P.O. while sitting on bed
 Taser taken out and told
 to put hands behind back
 complied



Back

Supervisor Reviewing Use Comments:

Use was proper and within policy.

X00-68213

Supervisors Name (print): _____ ID#: _____

Signature of Reviewing Supervisor: [Signature] # 205

☒ Approved ☐ Disapproved

THE CITY OF HOLYOKE
 POLICE DEPARTMENT

(Print): CAPTAIN MANUEL FEBO ID#: _____

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 4/13/16 Time: 20:01 Arrest#: 16-786-AR Incident #:

Reporting Officer: MARTIN, ERIK ID# 342

Suspects Name: Calderon, Rey DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: Taser was only shown, NOT activated, which caused compliance and was re-holstered

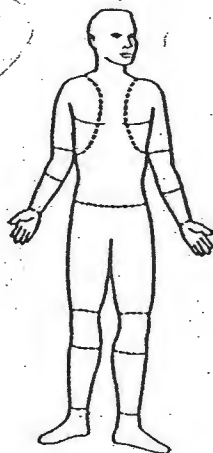
Was the subject injured? If YES, please describe the injuries:

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

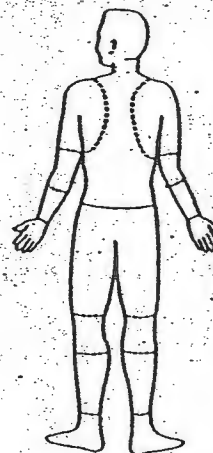
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: # of Bursts: Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Officer Martin used the taser properly and within policy

Supervisors Name (print): Stead Richard B ID#: 256
(Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☐ Approved ☐ Disapproved

THE CITY OF HOLYOKE
POLICE DEPARTMENT

(Print): PTAIN MANUEL FEBO ID#:
(Last) (First) (Middle)

Signature of Bureau Commander: [Signature]
 * This form is to be submitted to the Chief's Office immediately upon completion



Holyoke Police Department- Use of Force Report

Date: 4/4/16

Time: _____

Arrest#: 16-720-AR

Incident #: _____

Reporting Officer: Off ColonID# 264Suspects Name: Ricardo A. Ortiz

DOB: _____

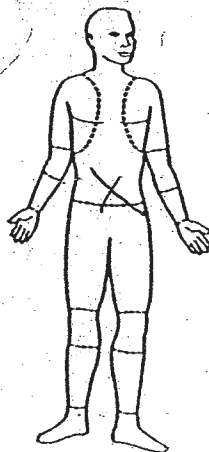
SSN # _____

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

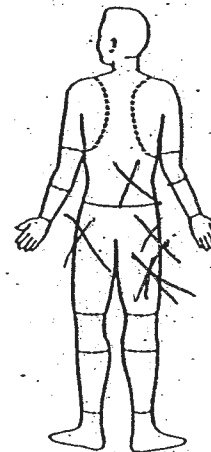
* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: Ortiz continue resisting☐ Yes ☒ No

Was the subject injured? If YES, please describe the injuries:

☒ Yes ☐ Nominor scrape kneeWas the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR☐ Yes ☒ NoWhat hospital, if any, was the subject transported to? ☐ HMC ☐ BMCWas Restraint Chair used? ☐ Yes ☐ NO If YES, why? _____Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____Was subject allowed to decon? ☐ Yes ☐ No

Front



Back

Supervisor Reviewing Use Comments:

The subject was clearly assaultive and warranted the higher use of force. Drive Stun is for pain compliance and for a highly combative and intoxicated person. Full Taser deployment should have been used. Off Colon under reported to the situation as written

Supervisors Name (print): Stevens Reich B ID#: 266

(Last)

(First)

(Middle)

Signature of Reviewing Supervisor: Sgt Stevens☐ Approved ☐ Disapproved(Print): THE CITY OF HOLYOKE
POLICE DEPARTMENT(Last) CAPTAIN MANUEL FERRO

(Middle)

ID#: _____

Signature of Bureau Commander: Capt M - P 27 263

* This form is to be submitted to the Chief's Office immediately upon completion.



Date: 4/1/16 Time: 10:10 Arrest#: 693 Incident #: _____

Reporting Officer: Goudreau ID# 202

Suspects Name: ISAIAH CALDERON DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

TASER # X00-721720

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

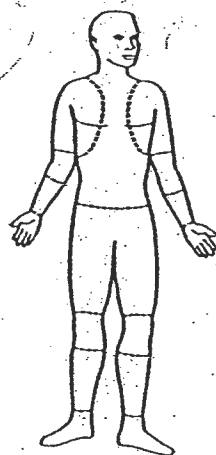
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

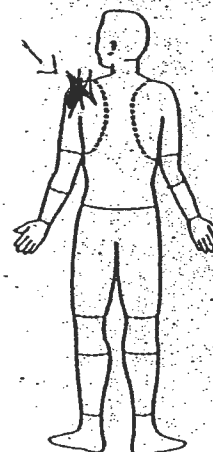
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Use of force appears to conform to Department guidelines

Supervisors Name (print): McCoy Michael ID#: 128

Signature of Reviewing Supervisor: B. Michael McCoy 128

☒ Approved ☐ Disapproved

THE CITY OF HOLYOKE
POLICE DEPARTMENT
(Print): CAPTAIN MANUEL FEBO ID#: _____

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 4/1/16 Time: 1717

Arrest#: 6-699-AR Incident #: _____

Reporting Officer: William LeBrun

ID# 372

Suspects Name: Thomas Videola

DOB: [REDACTED]

SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AM.

☐ Yes ☒ No

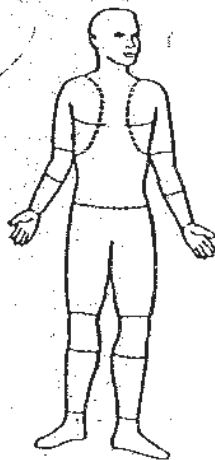
What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

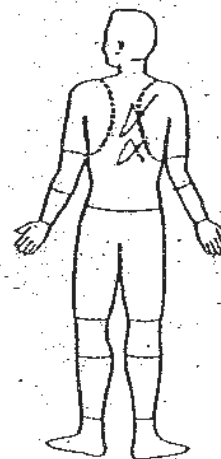
Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments: _____

Supervisors Name (print): Borrego

Wulber

ID#: 313

Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved

THE CITY OF HOLYOKE
POLICE DEPARTMENT
CAPTAIN MANUEL FEBO

(Print):

(Last)

(First)

(Middle)

ID#:

Signature of Bureau Commander: _____

(Last)

(First)

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 3/29/16 Time: 13:17 Arrest#: 672 Incident #: _____
 Reporting Officer: Goudreau ID# _____
 Suspects Name: Erick Torres DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other * <u>Threat of use</u>
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

TASER # X00-721720 # (8)

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

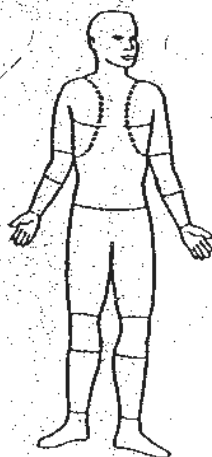
Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

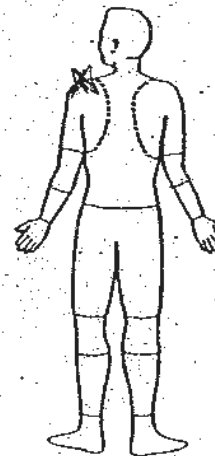
Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments: _____

Supervisors Name (print): Borrego Walber ID#: 313
(Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature] # 313

☒ Approved ☐ Disapproved

(Print): CAPTAIN MANUEL FEBO ID#: _____
(Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 3/21/16 Time: 08:30 Arrest#: 16-616 Incident #: _____

Reporting Officer: Roger Gaudreau ID# 202

Suspects Name: Ryan Allen DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other * <i>WARNING of Use</i>
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

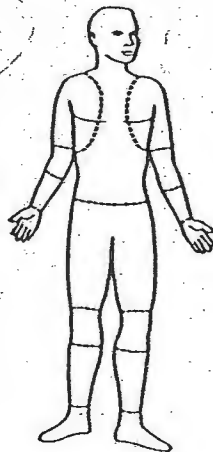
* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____
☒ Yes ☐ No

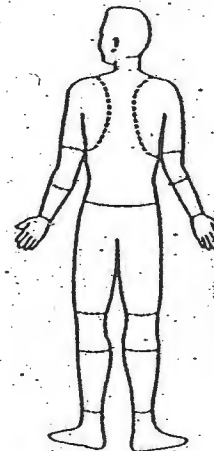
Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____
Was X 26 used? ☐ Yes ☐ No ☐ Drive Stun ☒ Taser Threat of use
☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Back

Supervisor Reviewing Use Comments: _____

Supervisors Name (print): Borrego Walker ID#: 513
(Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature] #313
☒ Approved ☐ Disapproved THE CITY OF HOLYOKE POLICE DEPARTMENT

(Print): CAPTAIN MANUEL FEBO ID#: _____
(Last) (First) (Middle)

Signature of Bureau Commander: Cpt M [Signature] ID#: 267
(Last) (First) (Middle)

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 03/13/16 Time: 0319 Arrest#: 6-546-AR Incident #: _____

Reporting Officer: Barrego ID# 313

Suspects Name: Alicea, Juan DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input checked="" type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

X26 Taser (S# X13001ROX) Display Taser AS Warning

Was Use of Force Effective? If NO, please explain: _____

☐ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

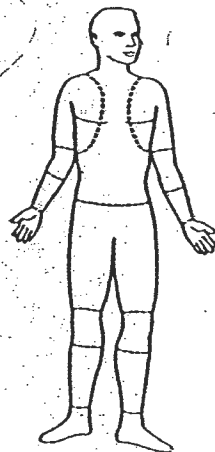
☐ Yes ☐ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

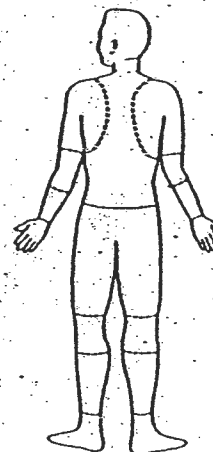
Was Restraint Chair used? ☐ Yes ☐ NO If YES, why? _____

Was X 26 used? ☐ Yes ☐ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Back

Supervisor Reviewing Use Comments: _____

Supervisors Name (print): Sumner Brown ID#: 305

Signature of Reviewing Supervisor: Brian Sumner (305)

☒ Approved ☐ Disapproved

THE CITY OF HOLYOKE
POLICE DEPARTMENT
(Print): CAPTAIN MANUEL FEBO

Signature of Bureau Commander: Cpt M [Signature] ID#: 207

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 03/10/16 Time: 2242 Arrest#: 16-516-AR Incident #: _____

Reporting Officer: ZURHEIDE, JOSEPH ID# 348

Suspects Name: RANJIT Grewal DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input checked="" type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____
☒ Yes ☐ No

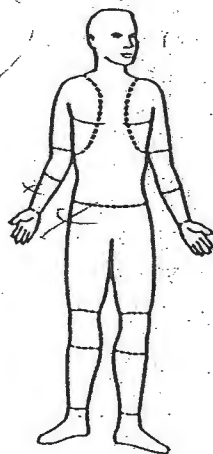
Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

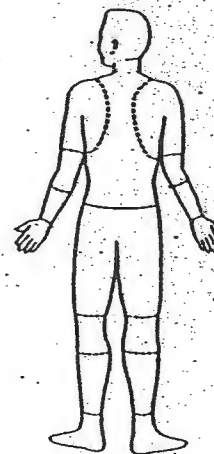
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

Suspect was much bigger than Officer Zurheide and became combative. Use of the Taser was proper.

Supervisors Name (print): Stuart Rachel B. ID#: 256
(Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☐ Approved ☐ Disapproved

(Print): FEBO MAHAR ID#: 263
(Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 03/10/16 Time: 20:37 Arrest#: 14-516-AM Incident #: _____

Reporting Officer: Delvalle, Samuel ID# 326

Suspects Name: BREWA, Ranjit DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____
☒ Yes ☐ No

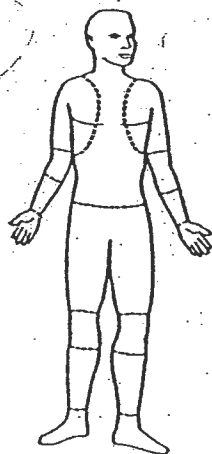
Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMR
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

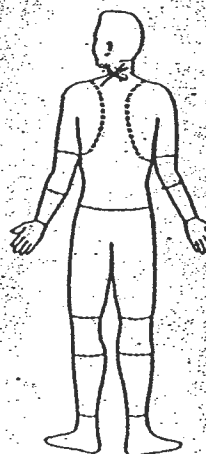
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

Subject was already assaultive towards officer Zurbrugg. Taser deployment was allowed.

Supervisors Name (print): Shannon Richard B ID#: 216
(Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☐ Approved ☐ Disapproved

(Print): SHAD MANUEL ID#: 263
(Last) (First) (Middle)

Signature of Bureau Commander: [Signature] 263

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 02/27/16 Time: 2330 Arrest#: 16-410-AR Incident #: 16-1019-OF
 Reporting Officer: SOTOLOITO, ANTHONY C. ID# 371

Suspects Name: MULVANEY, MICHAEL DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

☒ Yes ☐ No THREAT OF TASER DEPLOYMENT - GAINED COMPLIANCE

Was the subject injured? If YES, please describe the injuries:

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR

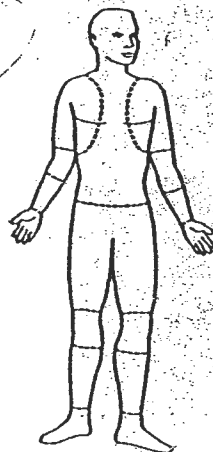
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

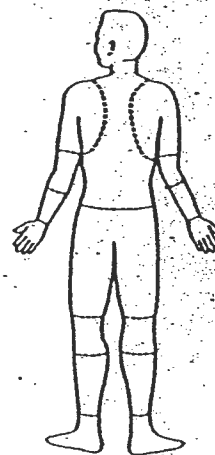
Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No

S#X00-686210



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Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): Borrego Walker ID#: 313
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature] #313.

☒ Approved ☐ Disapproved

(Print): FABO, MANUEL #202 ID#: _____
 (Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion

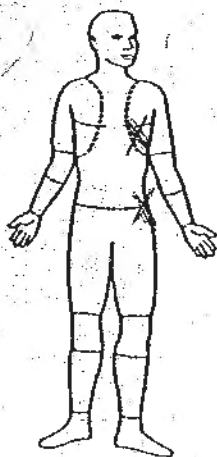


Date: 2/23/16 Time: 21:45 Arrest#: 16-388-AR Incident #: _____
Reporting Officer: Seidel ID# 361
Suspects Name: ERIC OCAÑA DOB: _____ SSN # _____

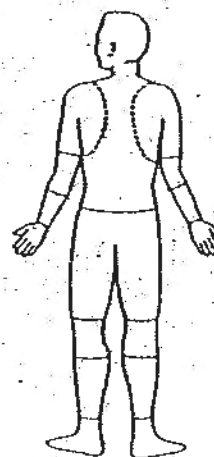
Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____
☐ Yes ☒ No
Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No
Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____
Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser
☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

Officers response was appropriate to the level of the subjects actions

Supervisors Name (print): MONFETT CHARLES PAUL ID#: 338
(Last) (First) (Middle)

Signature of Reviewing Supervisor: Sgt. Monfett, 338

☒ Approved ☐ Disapproved

(Print): CRUZ ISAÍAS ID#: 262
(Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion
Chief M. [Signature] 263



Holyoke Police Department Use of Force Report

Date: 01/30/16 Time: 2349 Arrest#: _____ Incident #: 16-551-OF
 Reporting Officer: Walker Borrego ID# 313
 Suspects Name: Hamelin, Patrick DOB: 01/11/70 SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: [REDACTED]

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

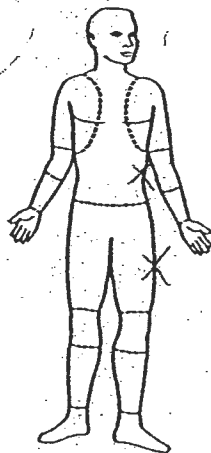
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☒ AMR
 What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC

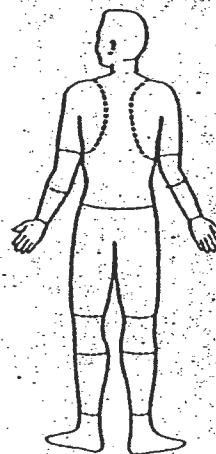
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

Subject was armed w/ meat fork and wanted officers to shoot him. Given that
Deadly Force was an option, officers used restraint and showed calmness in dealing with
a suicidal subject. Subject was subsequently hospitalized.

Supervisors Name (print): Stuart Reich ID#: 292
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature] #292

☐ Approved ☐ Disapproved

(Print): FRBO MANUEL #263 ID#: 263
 (Last) (First) (Middle)

Signature of Bureau Commander: [Signature] #263

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 1/30/16 Time: 2349 Arrest#: _____ Incident #: 16-551

Reporting Officer: Sgt. Richard Staver ID# 256

Suspects Name: Hamelin, Patrick DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

☐ Yes ☒ No Due probe missed

Was the subject injured? If YES, please describe the injuries:

☐ Yes ☒ No

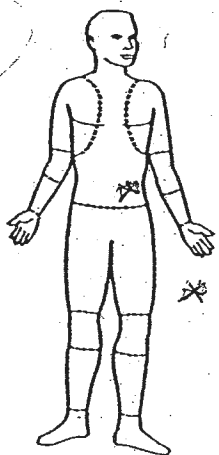
Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR

☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

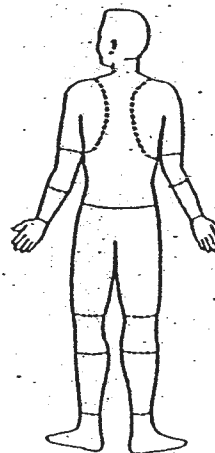
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): Borrego Walber ID#: 313

Signature of Reviewing Supervisor: [Signature] # 313

☒ Approved ☐ Disapproved

(Print): Flaco MANUEL # 263 ID#: 263

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief of Police Office immediately upon completion



Date: 11/07/16 Time: 23:30 HRS Arrest#: 16-S6-AP Incident #: _____

Reporting Officer: STEPHEN NORTON ID# 322

Suspects Name: JOHN RIVERA DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<u>THREAT OF TASER USE</u> <input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☐ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

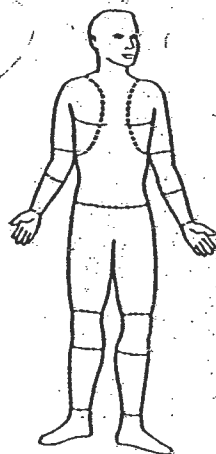
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

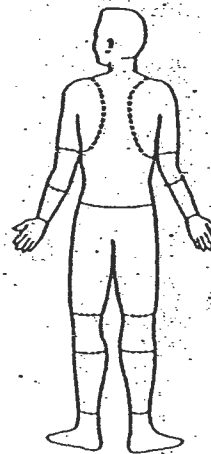
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

Suspect was placed under arrest but did not comply with Officer S. Norton's commands and was resisting. The threat to use the taser was proper and the arrestee did comply and was handcuffed.

Supervisors Name (print): GARCIA, Joseph ID#: 200

Signature of Reviewing Supervisor: Lt. Joseph Garcia 200

☐ Approved ☐ Disapproved

(Print): _____ ID#: _____

Signature of Bureau Commander: [Signature] ID#: _____

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 11/20/15 Time: 1900

Arrest#: 15-2917-A2 Incident #: _____

Reporting Officer: B. Boyle #321

ID# 321

Suspects Name: Jose DeJesus

DOB: [REDACTED]

SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input checked="" type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input checked="" type="checkbox"/> Other * <u>KWEE / HANDS</u>
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: DEJESUS HAD NO REACTION TO DRIVE STUN; CONTINUED TO FIGHT

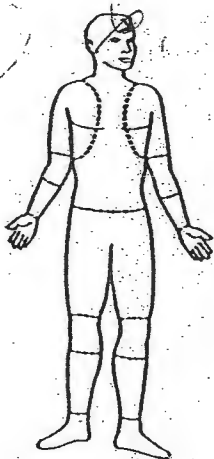
Was the subject injured? If YES, please describe the injuries: CUT ON FOREHEAD

Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMI
What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

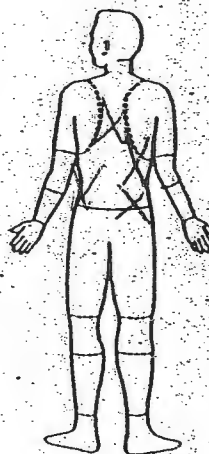
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ N



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Supervisor Reviewing Use Comments:

SUBJECT DEJESUS DISPLAYED RESISTANT ACTIVE AND ASSAULTIVE BEHAVIOR TOWARD S OFFICERS. LEVEL OF FORCE USED TO GAIN COMPLIANCE WAS JUSTIFIED. DEJESUS SUFFERED CUT ON FOREHEAD THAT WAS TREATED BY HPD POLICE. FULL X26 DEPLOYMENT WAS NOT USED; CRIME AFTER

Supervisors Name (print): REARDON

DANIEL

ID#: 254

Signature of Reviewing Supervisor: Sergeant Daniel F. Reardon #321

☒ Approved ☐ Disapproved

(Print): P. Pratt

Daniel

R

ID#: 239

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion

Date: 11/05/15 Time: 1632Arrest#: 15-2821-AR

Incident #:

Reporting Officer: SOTOLOTOID# 371Suspects Name: MATTA, RAULDOB: [REDACTED]SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

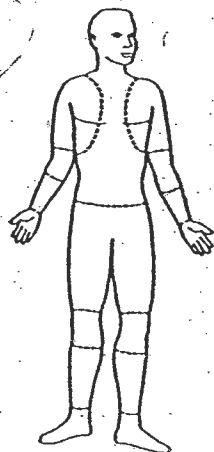
Was Use of Force Effective? If NO, please explain:

☒ Yes ☐ No

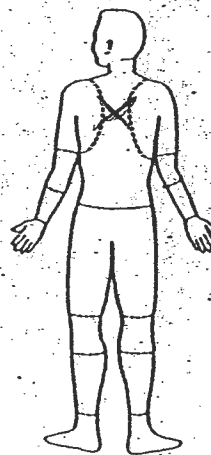
Was the subject injured? If YES, please describe the injuries:

☐ Yes ☒ NoWas the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR☐ Yes ☒ NoWhat hospital, if any, was the subject transported to? ☐ HMC ☐ BMCWas Restraint Chair used? ☐ Yes ☒ NO If YES, why?Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser☐ Baton ☐ Impact Munition☐ O.C. Duration: _____

of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No

Front



Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): MonfettCharlesPaul

ID#:

338

Signature of Reviewing Supervisor:

Sgt. Monfett, 338☒ Approved ☐ Disapproved

(Print):

(Last)

Febu

(First)

Monfett

(Middle)

ID#:

263

Signature of Bureau Commander:

[Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 6/30/15 Time: 2308

Arrest#: 15-1847A

Incident #:

Reporting Officer: SGT. REARDON

ID# 254

Suspects Name: SIAMMARINO, Anthony

DOB: [REDACTED]

SSN: [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input checked="" type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries:

☒ Yes ☐ No

ABRASIONS-HEAD, CHEEK, SKIN, HANDS

Was the subject given medical treatment? If YES, who administered the treatment?

☒ Yes ☐ No

What hospital, if any, was the subject transported to?

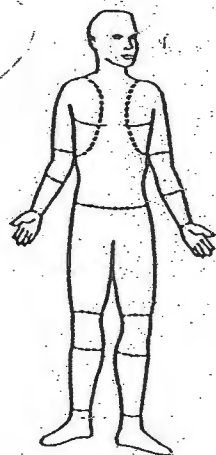
☒ H.P.D. ☐ H.F.D. ☒ AMR
☒ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

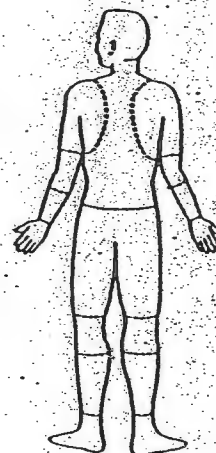
Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



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Back

Supervisor Reviewing Use Comments:

Refer to OFFICER OBLIVILLE'S Use of Force report (TASER)
SUBJECT FLED, COMMITTED CRIME of d.c., RESISTED ARREST AND USED
PHYSICAL FORCE TO ATTEMPT TO ESCAPE... TWICE.

Supervisors Name (print): Reardon, Daniel

(Last)

(First)

(Middle)

ID#: 254

Signature of Reviewing Supervisor: [Signature]

☐ Approved ☐ Disapproved

(Print): Pratt

(Last)

(First)

(Middle)

ID#: 237

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 06/13/15 Time: 0145

Arrest#: 15-1683-AR

Incident #: _____

Reporting Officer: SET DAVID S USHER

ID# 218

Suspects Name: ALVARADO, MOISES

DOB: [REDACTED]

SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR

☐ Yes ☒ No

What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

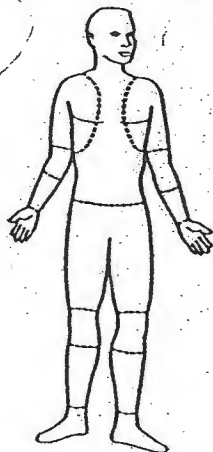
Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

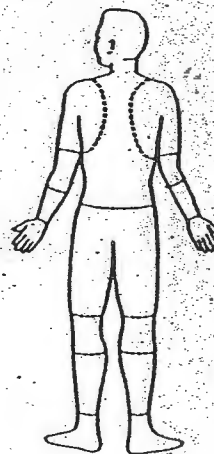
Was subject allowed to decon? ☐ Yes ☐ No

THREAT OF USE ONLY

YES SEE OFF. HOARS
USE OF FORCE



Front



Back

Supervisor Reviewing Use Comments: _____

Supervisors Name (print): Borrego Walber

ID#: 313

Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved

(Print): FRBO

MANUEL

ID#: 263

Signature of Bureau Commander: _____

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 5/29/15 Time: 1935 Arrest#: 15-151P-AR Incident #: _____

Reporting Officer: Matt WELCH

ID# 307

Suspects Name: Michael Fernandez

DOB: [REDACTED]

SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

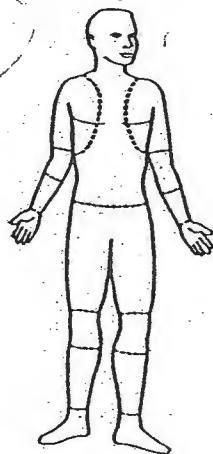
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☐ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

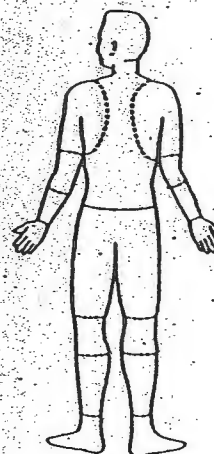
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



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Supervisor Reviewing Use Comments:

Based on the circumstances the use of (display) the taser appears to be reasonable and within department guidelines.

Supervisors Name (print): McCoy Michael J. ID#: 198
(Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): FRBO MANUEL ID#: 263
(Last) (First) (Middle)

Signature of Bureau Commander: [Signature] # 267

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 5/9/15 Time: 3:33 AM Arrest#: 1311 Incident #: _____
 Reporting Officer: DANIEL ESCOBAR ID# 315
 Suspects Name: WILLIAM ALDOY DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input checked="" type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: MR. ALDOY WAS RESISTING ARREST THEN
☒ Yes ☐ No Complied when he was spray 2x with O.C.

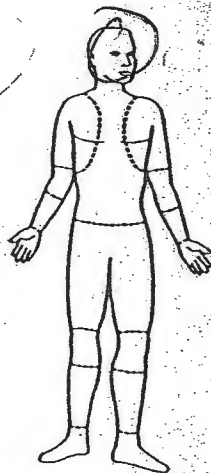
Was the subject injured? If YES, please describe the injuries:
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

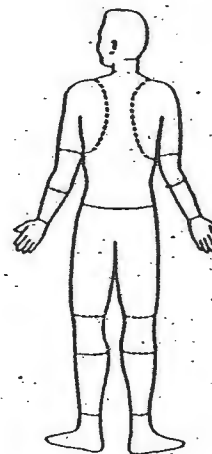
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☒ O.C. Duration: 15 # of Bursts: 2 Was subject allowed to decon? ☒ Yes ☐ No



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Supervisor Reviewing Use Comments:

Supervisors Name (print): LEAHY Patrick ID#: 310
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): MANUEL FERRO ID#: 263
 (Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 04/19/15 Time: 1852 Arrest#: 15-1109-AR Incident #: N/A
 Reporting Officer: Emiterio #334 ID# 334
 Suspects Name: Rios, Juan DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input checked="" type="checkbox"/> Other * <u>X26 Taser Threat of use.</u>
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

X - Suspect would not remove his hands from under his body - Took w/ Taser, once susp. saw Taser he removed his hands from under his body.

Was Use of Force Effective? If NO, please explain:

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries:

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMF

☐ Yes ☒ No

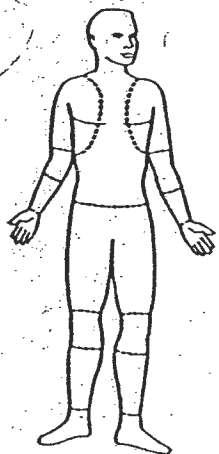
What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

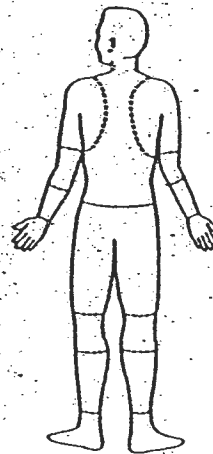
Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

Threatened use of Taser was effective in this situation. It's use appears to be within Dept. guidelines.

Supervisors Name (print): McCoy Michael J. ID#: 198
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): FEBRO MARVEL ID#: 203
 (Last) (First) (Middle)

Signature of Bureau Commander: [Signature] #262

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 4/14/15 Time: 6:15pm Arrest#: 05-1052M Incident #: _____
 Reporting Officer: Victor Hernandez ID# 306
 Suspects Name: Sontre Gordon DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR

☐ Yes ☒ No

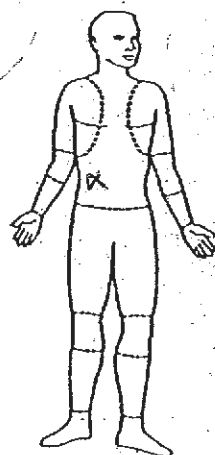
What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

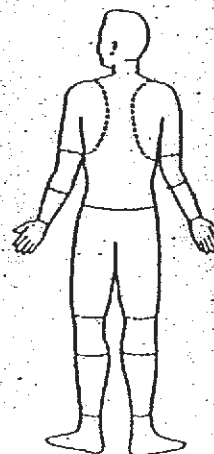
Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments: _____

Described use of force seems to be appropriate for
the level of resistance officers were facing

Supervisors Name (print): McMAHON Michael ID#: 272

Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved

(Print): FEBO MANUEL ID#: 263

Signature of Bureau Commander: Capt 28 271 #263

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 4/13/15 Time: 11:00pm Arrest#: 05-1027A Incident #: _____
 Reporting Officer: Victor Heseckia ID# 306
 Suspects Name: Nascar Jimenez DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain:

☐ Yes ☒ No

Suspect was on PCP and had no effect.

Was the subject injured? If YES, please describe the injuries:

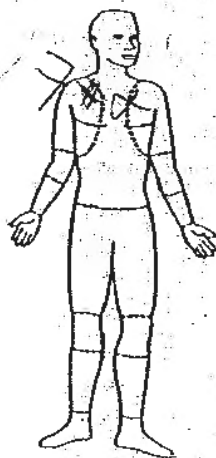
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

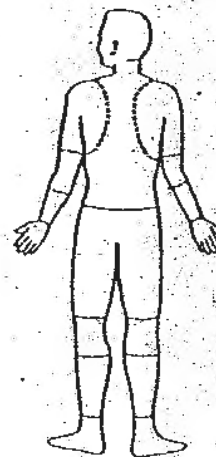
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

I have read the report seems to be reasonable amount of force for the situation

Supervisors Name (print): McMAHON Michael ID#: 272

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): FERRO

MANUEL

ID#: 263

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion.



Date: 3/13/15 Time: _____ Arrest#: 15-650-4 Incident #: _____
 Reporting Officer: Josh Colon ID# 267
 Suspects Name: Brian Hunter DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Mr Hunter was in kitchen Area could have
Access to unknown WEAPON.

Was Use of Force Effective? If NO, please explain: upon taking taser out

☒ Yes ☐ No

Mr Hunter Comply and went to ground.

Was the subject injured? If YES, please describe the injuries:

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR

☐ Yes ☒ No

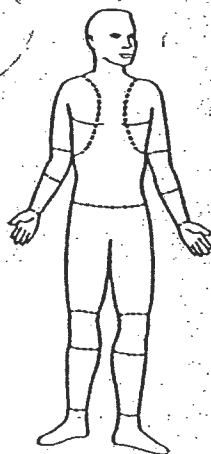
What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

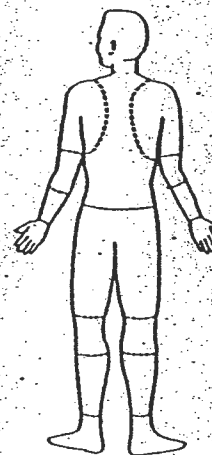
Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

Supervisors Name (print): Sgt. David M. O'Connell ID#: 185

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

Signature of Bureau Commander: Sgt. O'Connell, David M ID#: 185

Signature of Bureau Commander:



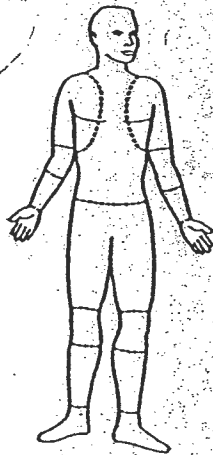
Date: 03/08/15 Time: 01:12 Hrs Arrest#: 15-600-AR Incident #: _____
 Reporting Officer: STEPHEN NORTON ID# 322
 Suspects Name: CARLOS VAZQUEZ-GONZALEZ DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	THREAT OF USING TASER X00-721677 <input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

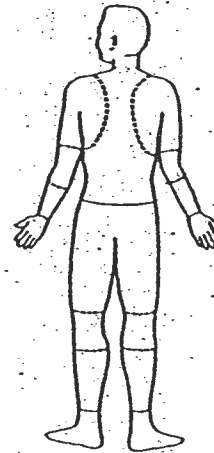
* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____
☒ Yes ☐ No
 Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No
 Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC
 Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____
 Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☐ Taser
☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No

THREAT OF USE
 ONLY



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Back

Supervisor Reviewing Use Comments: _____

Supervisors Name (print): USHER DAVID S. ID#: 218
 (Last) (First) (Middle)

Signature of Reviewing Supervisor: Sgt David S. Usher
☒ Approved ☐ Disapproved

(Print): FEBBO, MANUEL #263 ID#: 263
 (Last) (First) (Middle)

Signature of Bureau Commander: Capt [Signature] #263

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 02/24/15 Time: 11:33 Arrest#: _____ Incident #: 15-974

Reporting Officer: Goudreau, Roger ID# 202

Suspects Name: Adam Cooper DOB: [REDACTED] SSN# [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain:

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: Stab wounds to left side of neck

☒ Yes ☐ No

Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☒ AMR

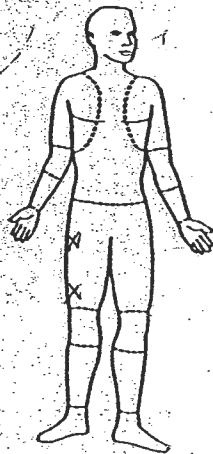
☒ Yes ☐ No

What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC

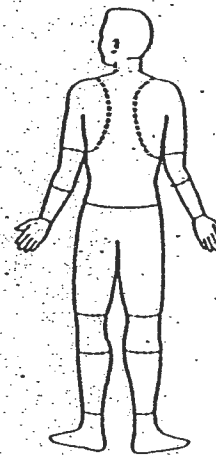
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

Was X 26 used? ☒ Yes ☐ No ☐ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): Sgt. O'Connell, David M ID#: 185

Signature of Reviewing Supervisor: Sgt. David M O'Connell #185

☒ Approved ☐ Disapproved

(Print): FLSD MANUEL #263 ID#: 263

Signature of Bureau Commander: Capt [Signature] #263

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 02/01/15

Time: 0013

Arrest#: 15-287-AR

Incident #: 15-287-AR/15-590

Reporting Officer: Walber Borrego

ID# 313

Suspects Name: Santiago Edgar

DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

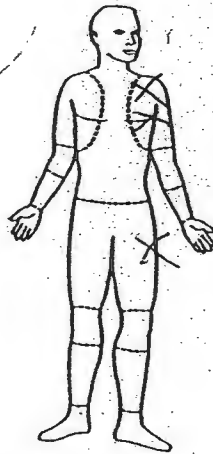
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

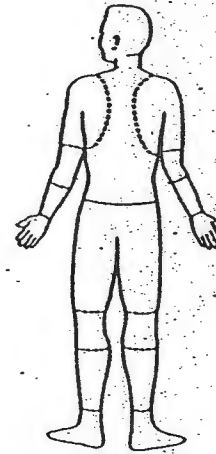
Was Restraint Chair used? ☐ Yes ☐ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Supervisors Name (print): USHER DAVID S ID#: 218

Signature of Reviewing Supervisor: SGT David S Usher

☒ Approved ☐ Disapproved

(Print): FEBO, MANUEL # 263 ID#: 263

Signature of Bureau Commander: Capt [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Holyoke Police Department - Use of Force Report

Date: 11/7/14 Time: 4:20pm Arrest#: 14-2808M Incident #: _____

Reporting Officer: Victor Hernandez ID# 306

Suspects Name: Wilfredo Rodriguez DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

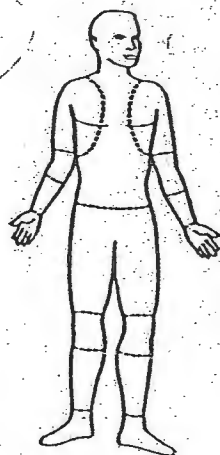
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMF
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

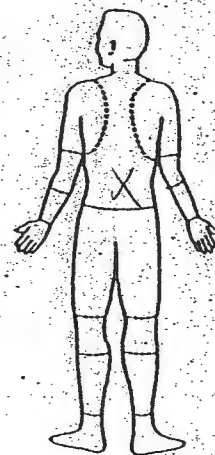
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Officers use of drive stun was appropriate for the situation

Supervisors Name (print): LT. McCay Michael ID#: 198

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): Felbo MANUEL #263 ID#: 263

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 10/29/14 Time: 1830 Arrest#: 16-6046-OF Incident #: 14-6046-OF
 Reporting Officer: Crystal Manzi ID# 343
 Suspects Name: Luis Diaz DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:

Drive stun using X26 Taser for an assaultive male who became assaultive towards us and himself

Was Use of Force Effective? If NO, please explain:

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries:

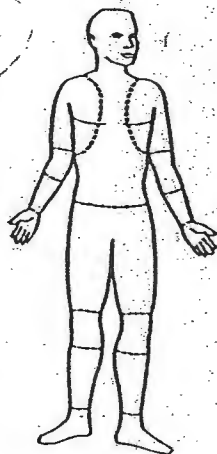
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☒ AMI
 What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

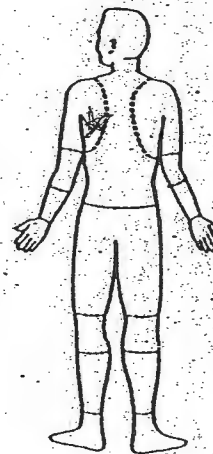
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☒ No



Front



Back

Supervisor Reviewing Use Comments:

Officer Manzi, used restraint in only drive stun on person in stead of Full probe deployment.

Supervisors Name (print): Steven (Last)

Richard (First)

ID# B078

Signature of Reviewing Supervisor: [Signature]

☒ Approved ☐ Disapproved

(Print): FERO (Last)

MANUEL (First)

J (Middle)

ID# #263

Signature of Bureau Commander: [Signature]

33 (First)

P (Middle)

263

* This form is to be submitted to the Chief's Office immediately upon completion



Holyoke Police Department Use of Force Report

Date: 10/18/15 Time: 1008 Arrest#: _____ Incident #: 5641

Reporting Officer: OYER ID# 701

Suspects Name: NICHOLAS KILBRINE DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

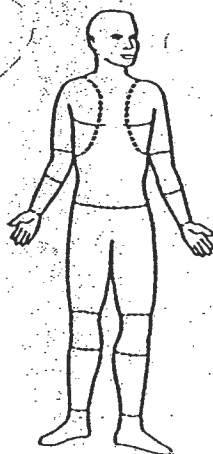
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☒ AMR
What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC

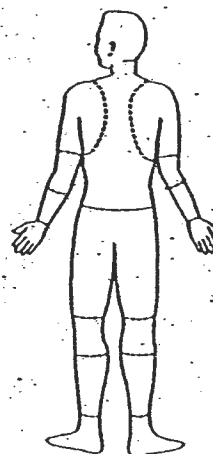
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Based on the circumstances, the display of the officer's taser was
reasonable and within departmental guidelines

Supervisors Name (print): Lt. McCoy, Michael J. ID#: 198

Signature of Reviewing Supervisor: [Signature]

☐ Approved ☐ Disapproved

(Print): FEBRO MANUEL ID#: 263

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Holyoke Police Department Use of Force Report

Date: 10/26/15 Time: 1956hrs Arrest#: 15-2742-AR Incident #: _____

Reporting Officer: SGT DAVID S USHER ID# 218

Suspects Name: ERIC RAWLS DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input checked="" type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other * <i>Did not use</i>
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____
☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No

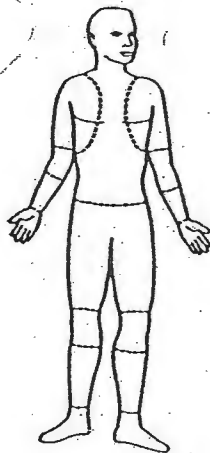
Was the subject given medical treatment? If YES, who administered the treatment? ☒ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

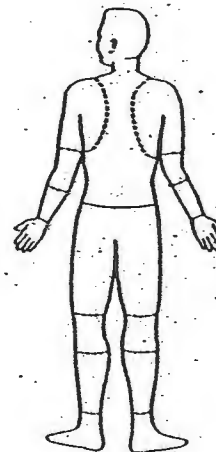
Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No

Suspect was informed to comply or would be tazed. (Suspect complied)



Front



Back

Supervisor Reviewing Use Comments: _____

Supervisors Name (print): Monfett Charles Paul ID#: 338

Signature of Reviewing Supervisor: Sgt. Monfett 338

☒ Approved ☐ Disapproved

(Print): _____ ID#: _____

Signature of Bureau Commander: _____

* This form is to be submitted to the Chief's Office immediately upon completion



Arrest #: 15-2742-AR
Call #: 15-43732

Date/Time Reported: 10/26/2015 @ 1935
Arrest Date/Time: 10/26/2015 @ 1956
Booking Date/Time: 10/26/2015 @ 1956

OBTN: THOY201502742

Reporting Officer: OFFICER JAMES DUNN
Booking Officer: LIEUTENANT ISAIAS CRUZ



Signature: _____

DEFENDANT(S)	SEX	RACE	AGE	SSN	PHONE
RAWLS, ERIC L 12 ELM ST LUDLOW MA 01056	M	W	55	[REDACTED]	413-222-3182

Military Active Duty: N
HEIGHT: 507 WEIGHT: 200 HAIR: BROWN EYES: GREEN
BODY: MEDIUM COMPLEXION: LIGHT
DOB: [REDACTED] PLACE OF BIRTH: FORT LEE VIRGINIA
STATE ID: M [REDACTED] FBI [REDACTED]
LICENSE [REDACTED] ETHNICITY: NOT HISPANIC
LOCAL ID: P [REDACTED]

[CONTACT INFORMATION]

Home Phone (Primary) 413-222-3182

[APPEARANCE]

GLASSES WORN: NO

TATTOOS: TAT LF ARM(PARARESCUE), TAT UR ARM(PARARESCUE)
TAT UL ARM(SUN WITH ANGEL)

[FAMILY/EMPLOYMENT INFORMATION]

MARITAL STATUS: SINGLE

FATHER'S NAME: RAWLS, OBRA
MOTHER'S NAME: SPANGLER, RICKEE

EMPLOYER/SCHOOL: DISABLED

OCCUPATION: NURSING SCHOOL

Arrest #: 15-2742-AR
Call #: 15-43732

#	DEFENDANT(S)	SEX	RACE	AGE	SSN	PHONE
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[RIGHTS/BOOKING CHECKS]

RIGHTS ADVISED BY: LIEUTENANT ISAIAS CRUZ DATE/TIME: 10/26/2015 @ 1956
PHONE USED: Y PHONED DATE/TIME: 10/26/2015 & 1956
ARRESTEE SECURED: Y 10/26/2015
ARRESTEE CELL #: M4

FINGERPRINTED: Y
PHOTOGRAPHED: Y
SUICIDE CHECK: Performed
PERSONS: State&Federal
NCIC VEHICLE CHECK: Not Performed
INJURY OR ILLNESS: Y - FOREHEAD CUT

OFFENSE(S)	ATTEMPTED	TYPE
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LOCATION TYPE: Highway/Road/Alley/Street Zone: RA-1
HR BLOCK
210 HIGH ST
HOLYOKE MA 01040

RESIST ARREST		
268/32B	268 32B	N Misdemeanor
OCCURRED: 10/26/2015 1957		

DISORDERLY CONDUCT		
272/53/F	272 53	N Misdemeanor
OCCURRED: 10/26/2015 1957		

A&B ON POLICE OFFICER		
265/13D/A	265 13D	N Misdemeanor
OCCURRED: 10/26/2015 1958		
WEAPON/FORCED USED: Personal Weapons (Hands/Feet/Etc)		

PROTECTIVE CUSTODY/INCAP. PERSON/ASSIST TO FACILITY		
111B/8	111B 8	N Not Applicable
OCCURRED: 10/26/2015 1958		

VICTIM(S)	SEX	RACE	AGE	SSN	PHONE
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CONFIDENTIAL

Arrest #: 15-2742-AR
Call #: 15-43732

CONFIDENTIAL VICTIM REPORT

VICTIM(S)	SEX	RACE	AGE	SSN	PHONE
DUNN, JAMES M 138 APPLETON ST HOLYOKE MA 01040 DOB: [REDACTED] EMPLOYER: HOLYOKE POLICE DEPARTMENT 413-536-6431 INJURIES: None ETHNICITY: Not of Hispanic Origin RESIDENT STATUS: Resident VICTIM CONNECTED TO OFFENSE NUMBER(S): 3 RELATION TO: RAWLS ERIC CONTACT INFORMATION: Home Phone (Primary) 413-532-1804 Home Phone (Primary) 413-536-6431 Work Phone (Primary) 413-322-6900 Work Phone (Primary) 413-536-6431	M	W	36	NOT AVAIL	413-322-6900

Stranger

Ref: 15-2742-AR

On October 26, 2015 I Officer James Dunn was assigned to car 2. Officers Shaw and Beben were dispatched to a man passed out on the sidewalk at the corner of Dwight Street and High Street. When Officer Dunn arrived Officers Beben and Shaw were already on scene speaking to a party.

Officer Dunn saw a few people walking away as he was pulling up. Officer Dunn observed a male holding a box who was unsteady on his feet swaying back and forth. He was talking about a torn plastic bag that he was holding and his speech was slurred.

Officer Dunn then asked Officer Shaw what was happening with this person. At this time the male, who was later identified as Mr. Eric Rawls looked at Officer Shaw and told him to "Relax!" Officer Dunn then asked Mr. Rawls what he said. He told Officer Dunn "I asked him to relax, now I'm telling you to relax."

At this time Officer Dunn exited his cruiser to speak further with Mr. Rawls. As Officer Dunn approached him, Mr. Rawls bladed his stance stated "what are you gonna do arrest me?" Officer Dunn could now see that his eyes were bloodshot and glassy and he smelled very strongly of an alcoholic beverage.

Due to Officer Dunn's observations he believed that Mr. Rawls was highly intoxicated. Officer Dunn replied no, but i'm placing you in protective custody so put your hands behind your back. Officer Dunn then went to remove the box that Mr. Rawls was holding to put handcuffs on him. Mr. Rawls reached out and pushed Officer Dunn with the hand that was not holding the box.

Officer Dunn immediately grabbed Mr. Rawls and took him down to the ground. Mr. Rawls landed on his back, face up. Officer Dunn told him to stop resisting and turn over onto his stomach. Mr. Rawls then reached up and struck Officer Dunn with an open palm and then punched him in the face with his other hand.

Officer Dunn then began striking Mr. Rawls several times in the face. Mr. Rawls then tried to kick Officer Dunn but was unable to. Officers were then able to roll Mr. Rawls onto his stomach. But Mr. Rawls tucked his hands to his chest so he could not be handcuffed.

Officers struggled with Mr. Rawls in order to try to handcuff him. Mr. Rawls was still assaultive, trying to bite Officer Dunn as he was trying to gain control of his hands. Officer Dunn had to push Mr. Rawls head to ground several times so he could not bite Officer Dunn. While on the ground Mr. Rawls was yelling and screaming obscenities at the Officers at the top of his lungs.

Ref: 15-2742-AR

Officers were eventually able handcuff Mr. Rawls at which time he stopped fighting. Officer Dunn helped Mr. Rawls to his feet and escorted him to the back of car 2. Mr. Rawls refused to get into the car and had to be forced into the back of the cruiser. Officer Dunn then transported Mr. Rawls to the station. Once in booking several other units arrived in booking.

Officer Dunn then left booking so as not to further agitate Mr. Rawls. Officer Dunn was later advised by the House Officer that Mr. Rawls became assaultive again in booking after the handcuffs were removed. See Officer Deliberto's supplemental narrative.



Holyoke Police Department Use of Force Report

Date: 10/12/15 Time: 0353

Arrest#: 15-2657-AR

Incident #: _____

Reporting Officer: Janiec Jeffrey

ID# 231

Suspects Name: RIVERA, ANGEL JR.

DOB: _____

SSN # _____

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input checked="" type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other * <u>X00-721677</u>
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: Suspect on PCP. Confined space, minimal dart
☐ Yes ☒ No Spread

Was the subject injured? If YES, please describe the injuries: Facial, hit door frame during altercation
☒ Yes ☐ No

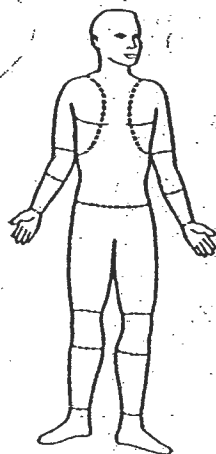
Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☒ AMR
☒ Yes ☐ No What hospital, if any, was the subject transported to? ☒ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? N/A

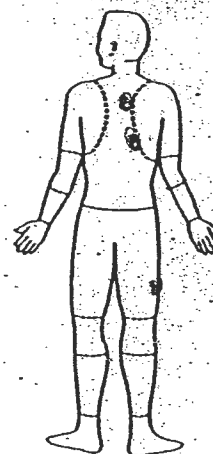
Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☒ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments: _____

Supervisors Name (print): Borrego Walber

(Last)

(First)

(Middle)

ID#: 313

Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved Sgt. Stephen Loftus 168

(Print): FRBO MANUEL

(Last)

(First)

(Middle)

ID#: 263

Signature of Bureau Commander: [Signature] 263

* This form is to be submitted to the Chief's Office immediately upon completion

Holyoke Police Department - Use of Force Report

Case 3:17-cv-30031-MGM Document 55-1 Filed 08/08/17 Page 4 of 47

Date: 9/16/15 Time: 2248 Arrest#: 15-2459 Incident #: _____
 Reporting Officer: J. Lopez #351 ID# 351
 Suspects Name: Carlos Delgado DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input checked="" type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here:
displayed x26 Taser, was not used.

Was Use of Force Effective? If NO, please explain:
☒ Yes ☐ No

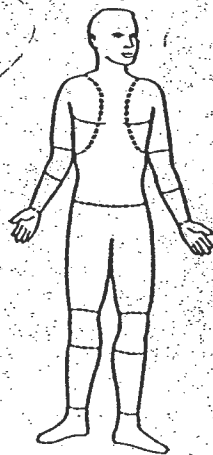
Was the subject injured? If YES, please describe the injuries:
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

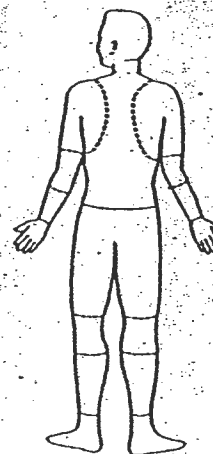
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why?

Was X 26 used? ☐ Yes ☒ No ☐ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



Front



Back

Supervisor Reviewing Use Comments:

Displaying of the taser appears to be appropriate and reasonable given the circumstances.

Supervisors Name (print): McCoy Michael ID#: 198
(Last) (First) (Middle)

Signature of Reviewing Supervisor: [Signature] #198

☐ Approved ☐ Disapproved

(Print): Jebo MANUEL ID#: 263
(Last) (First) (Middle)

Signature of Bureau Commander: [Signature]

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 9/5/14 Time: 0313

Arrest#: 14-2278-AR

Incident #: _____

Reporting Officer: Borrego

ID# 313

Suspects Name: Pagan, Angel

DOB: [REDACTED]

SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input checked="" type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☐ Yes ☒ No

subject continued to kick even after being Drive Stunned

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? _____

☐ Yes ☒ No

What hospital, if any, was the subject transported to? _____

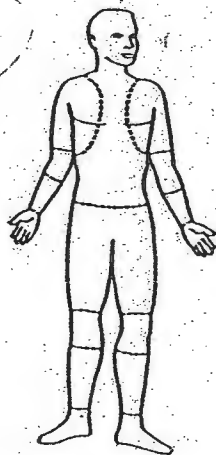
☐ H.P.D. ☐ H.F.D. ☐ AMI
☐ HMC ☐ BMC

Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

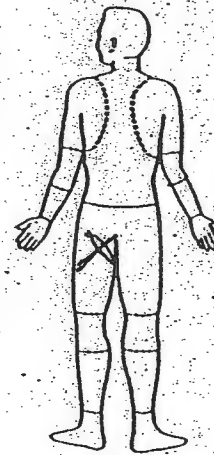
Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____

Was subject allowed to decon? ☐ Yes ☒ No



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Back

Supervisor Reviewing Use Comments: _____

Off. cc Borrego showed restraint in using only drive stun on as a caution
subject. Use was within policy

Supervisors Name (print): _____

(Last)

(First)

(Middle)

ID#: 256

Signature of Reviewing Supervisor: _____

☒ Approved ☐ Disapproved

(Print): _____

(Last)

(First)

(Middle)

ID#: 239

Signature of Bureau Commander: _____

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 08/19/15 Time: 0000 Arrest#: 15-2238 Incident #: _____

Reporting Officer: Borrego, Walter ID# 313

Suspects Name: Veto, Jason DOB: [REDACTED] SSN: [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: _____

☒ Yes ☐ No

Was the subject injured? If YES, please describe the injuries: _____

☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR

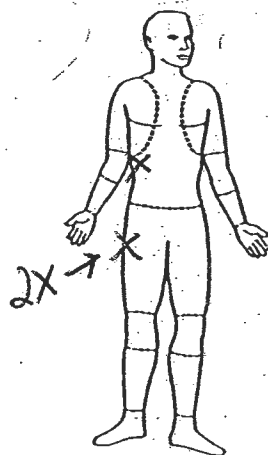
☐ Yes ☒ No

What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

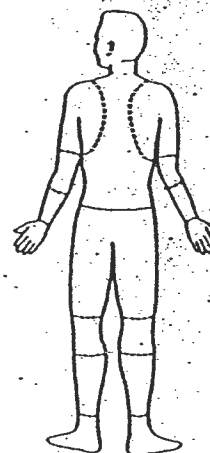
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser X26P (S#X13001RDX)

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Back

Supervisor Reviewing Use Comments: _____

ALL SET

Supervisors Name (print): Felbo Manuel ID# 263

Signature of Reviewing Supervisor: Cpt M e 02 263

☐ Approved ☐ Disapproved

(Print): Felbo,manuel ID#: 263

Signature of Bureau Commander: Cpt M e 02 263

* This form is to be submitted to the Chief's Office immediately upon completion



Date: 7/30/15 Time: 0337 Arrest#: 15-2076-AR Incident #: _____
 Reporting Officer: Martin, Erik J ID# 342
 Suspects Name: Berrios, Efrain DOB: [REDACTED] SSN # [REDACTED]

Suspect Actions Category	Officers Response (Check all that apply)
<input checked="" type="checkbox"/> Resistant Active	<input type="checkbox"/> Holds/Locks <input type="checkbox"/> O.C. <input checked="" type="checkbox"/> X26 Drive Stun <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Bodily Harm)	<input type="checkbox"/> Strikes <input type="checkbox"/> Baton <input type="checkbox"/> X26 Taser <input type="checkbox"/> Other *
<input type="checkbox"/> Assaultive (Serious Bodily Harm/Death)	<input type="checkbox"/> Baton <input type="checkbox"/> Firearm <input type="checkbox"/> Other *

* Describe Weapon of Opportunity Here: _____

Was Use of Force Effective? If NO, please explain: Threat of drive-stun caused compliance, NO discharge of taser was needed - see report
☒ Yes ☐ No

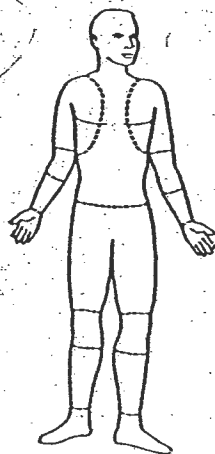
Was the subject injured? If YES, please describe the injuries: _____
☐ Yes ☒ No

Was the subject given medical treatment? If YES, who administered the treatment? ☐ H.P.D. ☐ H.F.D. ☐ AMR
☐ Yes ☒ No What hospital, if any, was the subject transported to? ☐ HMC ☐ BMC

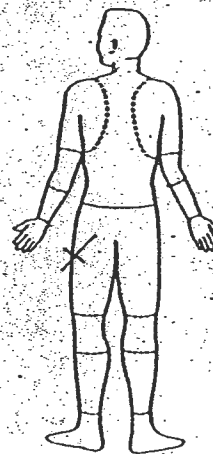
Was Restraint Chair used? ☐ Yes ☒ NO If YES, why? _____

Was X 26 used? ☒ Yes ☐ No ☒ Drive Stun ☐ Taser

☐ Baton ☐ Impact Munition ☐ O.C. Duration: _____ # of Bursts: _____ Was subject allowed to decon? ☐ Yes ☐ No



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Supervisor Reviewing Use Comments:

Effective by warning given to suspect

Supervisors Name (print): USHER DAVID S. ID#: 218

Signature of Reviewing Supervisor: [Signature] # 208

☒ Approved ☐ Disapproved

(Print): Felbo MANUEL ID#: 263

Signature of Bureau Commander: [Signature] # 263

* This form is to be submitted to the Chief's Office immediately upon completion